



**Catastrophic Illness Leave Donation Form**

**Date:** \_\_\_\_\_

**To:** Nikki Washington, Director of Human Resources

**From:** Name of Employee: \_\_\_\_\_

**CERTIFICATED** \_\_\_\_\_ **CLASSIFIED** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**RE: Donation of Accrued Sick and/or Vacation Leave to catastrophic Leave Bank**

A catastrophic illness or injury is one that has totally incapacitated the employee, so he /she is unable to work.

I would like to donate accrued sick and/or vacation leave as follows:

<b>TYPE OF LEAVE</b>	<b>NUMBER OF DAYS</b>
Sick Leave	
Vacation Leave (If applicable)	

**I understand that my donation is to the general Catastrophic Leave Bank. An employee who has been granted a catastrophic Leave of Absence, and has exhausted all his/her sick or vacation leave can ACCESS donated leave using days in this bank.**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HR Office Use Only:

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